

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SJS</i>		10/29/99
O.I.P.E. CLASSIFIER		49	1/1/99
FORMALITY REVIEW	E30	60135	1/8/95

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/16/02
2	✓	✓	9/15/03
3	✓	✓	8/4/03
4	✓	✓	8/4/03
5	✓	✓	8/4/03
6	✓	✓	8/4/03
7	✓	✓	8/4/03
8	✓	✓	8/4/03
9	✓	✓	8/4/03
10	✓	✓	8/4/03
11	✓	✓	8/4/03
12	✓	✓	8/4/03
13	✓	✓	8/4/03
14	✓	✓	8/4/03
15	✓	✓	8/4/03
16	✓	✓	8/4/03
17	✓	✓	8/4/03
18	✓	✓	8/4/03
19	✓	✓	8/4/03
20	✓	✓	8/4/03
21	✓	✓	8/4/03
22	✓	✓	8/4/03
23	✓	✓	8/4/03
24	✓	✓	8/4/03
25	✓	✓	8/4/03
26	○	=	8/4/03
27	✓	✓	8/4/03
28	✓	✓	8/4/03
29	✓	✓	8/4/03
30	✓	✓	8/4/03
31	✓	✓	8/4/03
32	✓	✓	8/4/03
33			J.V.
34			J.
35			✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here